EXHIBIT E

UCC FINANCING STATEMENTS ASSIGNMENTS

COMPOSITE EXHIBIT E TO MOTION FOR RELIEF FROM STAY

AMENDED FINANCING STATEMENTS

					re Department of State
UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	Т			Ffled: U.C.C. Init Amend	C.C. Filing Section 05:15 PM 05/29/2019 lai Filing No: 2019 291489 ment No: 2019 3711921 equest No: 20194813944
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1646 19860	7				
CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In	: Delaware (S.O.S.)	THE ABOVE SPA	ACE IS FO	OR FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2019 2914898 04/26/2019	1	b. This FINANCING STATE (or recorded) in the REA	MENT AM L ESTATE	ENDMENT is to be filed [or record
TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated w				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7t For partial assignment, complete items 7 and 9 and also indicate affected or 7.	b, <u>and</u> address of collateral in item 8	Assignee in item 7c <u>and</u> neme	of Assigno	r in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respect	o the security interest(s) of Sec	cured Party	authorizing this Continue	ation Statement is
This Change affects Debtor or Secured Party of record Item 6		Idress: Complete ADD nai a or 7b <u>and</u> item 7c 7a or 7b	me: Compl , <u>and</u> item 7	ete item DELETE nam	e: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Changes 6a. ORGANIZATION'S NAMEMIdCap Financial Trust, as Agen	ga - provide only g nt	<u>пе</u> патте (6a or 6b)		, , , , , , , , , , , , , , , , , , ,	
OR Bb. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information of Complete for Assignment of Complete for Complete for Assignment of Complete for C	ion Change - provide of Jent	fy <u>one</u> name (7a or 7b) (use exact, full n	≚me; de not o	mit, modify, or abbreviate any pa	rt of the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME		- A-A-A		<i>5</i>	
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	and the state of t				SUFFIX
7c. MAILING ADDRESS 7255 Woodmont Avenue, Suite 200*	CITY Bethesda		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD Indicate collateral:	O collateral	DELETE collateral	RESTATE C	covered collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN If this is an Amendment authorized by a DEBTOR, check here and provide no learn Organization'S NAME MidCap Financial Trust, as Ager 9a. ORGANIZATION'S NAME MidCap Financial Trust, as Ager	ame of authorizing	ovide only <u>one</u> name (9a or 9b) (r Debtor	name of As	signor, if this is an Assignr	nent)
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: EMSI Holdco, Ir	nc.		<u> </u>	-	1646 19860

1.]}	OW INSTRUCTIONS IITIAL FINANCING STATEMENT FILE NUMBER: San 19 2914898 04/26/2019	ne as item 1a on Amendment fo	orm		
2. N	AME OF PARTY AUTHORIZING THIS AMENDMENT:	Same as item 9 on Amendme	nt form		
	2a. ORGANIZATION'S NAME AidCap Financial Trust, as Agent				
R -	2b. INDIVIDUAL'S SURNAME				
ŀ	FIRST PERSONAL NAME	A.A.A.A.			
-	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE I	ISE ONI
2	ame of DEBTOR on related financing statement (Nam ne Debtor name (13a or 13b) (use exact, full name; do not om	e of a current Debtor of record it, modify, or abbreviate any pa	required for indexing pu	rposes only in some filing offices - see instruction item	
	3a. ORGANIZATION'S NAME				
R	3b. INDIVIDUAL'S SURNAME	FIRST PEF	RSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Th	G FINANCIAG STATEMENT AMENINTAL				
_ Na	is FINANCING STATEMENT AMENDMENT: covers timber to be cut		17. Description of r	eal estate:	
L Ne	covers timber to be cut covers as-extracted collatera			eal estate:	

18. MISCELLANEOUS:
*Secured Party may be contacted at the address above c/o MidCap Financial Services, LLC, as servicer.

NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 E-MAIL CONTACT AT FILER (optional) SPRFIlling@cscglobal.com SPRFIlling@cscglobal.com SEND AGKNOWLEDGMENT TO: (Name and Address) [7646 18537 CSC 801 Adial Stevenson Drive Springfield, IL 62703 Filed in: Nevada (S.C.S.) THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE NUMBER 110. This Financing STATEMENT FILE NUMBER 110. This Financing STATEMENT MERCHING FIRE RECORDS Fire glads Newmenters Address AGENTA RECORDS Fire glads Newmenters Address AGENTA RECORDS Secretary of State SIATOR RECORDS THE ABOVE SPACE IS FOR FILINO OFFICE USE ONLY INITIAL FINANCING STATEMENT AMENDMENT is to be filed for record) [1901-5386-4 05/01/2019 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in him 7 a or 75, and administ of the additional partical provides intered to a statement identified above with respect to the security interest(s) of Secured Party authorizing this Termination Continued for the additional partical provided by applicable law CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional partical provides and provided by applicable law CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional partical provides and provides only applicable law CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional particle provides and these three bosts is: PARTY INFORMATION: Complete for Party information Changes provide on						
Filed in the office of Callage C						
Filed in the office of Callage C	ICC FINANCING STATEMENT A BRENDBRENT					
ESCI 1-800-988-294 EMAIL CONTACT AT FILER (optional) SPRFIlling@cscglobal.com SEND ACKNOWLEDGMENT TO: (Name and Address) 17646 18537 CSC 801 Adala Stevenson Drive Springfield, It. 62703 Filed in: Nevada (S.O.S.) INTIAL FINANCING STATEMENT FILE NUMBER 175 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTIAL FINANCING STATEMENT FILE NUMBER 175 THE RECORDS 175 Filed In: Nevada (S.O.S.) INTIAL FINANCING STATEMENT FILE NUMBER 175 THE FINANCING STATEMENT FILE NUMBER 175 Filed In: Nevada (S.O.S.) INTIAL FINANCING STATEMENT FILE NUMBER 175 Filed In: Nevada (S.O.S.) INTIAL FINANCING STATEMENT FILE NUMBER 175 Filed In: Nevada (S.O.S.) INTIAL FINANCING STATEMENT AMENDMENT is to be filed for record) 175 Filed In: Nevada (S.O.S.) INTIAL FINANCING STATEMENT FILE NUMBER 175 Filed In: Nevada (S.O.S.) INTIAL FINANCING STATEMENT AMENDMENT is to be filed for record) 175 Filed Statement Intial Committed with respect to the security interest(a) of Secured Party authorizing this Termination Intial Financing Statement Identified above is terminated with respect to the security interest(a) of Secured Party authorizing this Termination Interest Statement Interest Statement Identified above with respect to the security interest(a) of Secured Party suthorizing this Termination Committed for the additional period provided by applicable law PARTY INFORMATION CHANGE: PARTY INFORMATION CHANGE: AND Check gas of these three boxes to: CHANGE mans and or of being and the security interest(b) of Secured Party suthorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: PARTY INFORMATION CHANGE: AND Check gas of these three boxes to: CHANGE mans and or of being and the security interest(b) of Secured Party suthorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: PARTY INFORMATION CHANGE: AND Check gas of these three boxes to: CHANGE and a voice of the security interest(b) of Secured Party sut	OLLOW INSTRUCTIONS		Filed in the c	office of		
E-MAIL CONTACT AT PLEER (optional) SPRFIlling@escglobal.com SEND ACKNOWLEDGMENT TO: (Name and Address) 1646 1837 CSC 801 Actial Stevenson Drive Springfield, It 62703 Filed In: Nevada (S.O.S.) INITIAL FINANCING STATEMENT FILE NUMBER 019015386-4 05/01/2019 15. The FINANCING STATEMENT FILE NUMBER 019015386-4 05/01/2019 15. The FINANCING STATEMENT FILE NUMBER 019015386-4 05/01/2019 16. The FINANCING STATEMENT FILE NUMBER 019015386-4 05/01/2019 17. The FINANCING STATEMENT FILE NUMBER 019015386-4 05/01/2019 18. The FINANCING STATEMENT FILE NUMBER 019015386-4 05/01/2019 18. The FINANCING STATEMENT FILE NUMBER 019015386-4 05/01/2019 19. The FINANCING STATEMENT AMENDMENT is to be filed for record) Of recorded in the REAL STATEMENT AMENDMENT is to be filed for record) Of recorded in the REAL STATEMENT AMENDMENT is to be filed for record) Of recorded in the REAL STATEMENT AMENDMENT is to be filed for record) Of recorded in the REAL STATEMENT AMENDMENT is to be filed for record) Of recorded in the REAL STATEMENT AMENDMENT is to be filed for record) Of recorded in the REAL STATEMENT AMENDMENT is to be filed for record) Of recorded in the REAL STATEMENT AMENDMENT is to be filed for record) Of recorded in the REAL STATEMENT AMENDMENT is to be filed for record of the security interest(s) of Secured Parry subnotrizing this Termination OF For partial assignment, complete files for the partial partial statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: The Charge effects Of these two boass: AND Check on of these two boass: AND Check on of these two boass: CHANGE frame sucks address: Complete The Charge effects Of these two boass: AND Check on of these two boass: CHANGE frame and of these two boass: CHANGE frame and of these for boass for the partial par	CSC 1-800-858-5294					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE NUMBER O19015386-4 05/01/2019 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE NUMBER 019015386-4 05/01/2019 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE NUMBER 019015386-4 05/01/2019 TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of Assignee in Item 7s or 7b, and address of Assignee in Item 7c and name of Assignor in Item 9 For partial assignment, complete Items 7 and 9 and also Indicate affected containers in Item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional partic provided by applicable law PARTY INFORMATION CHANGE: PARTY INFORMATION CHANGE: AND Check and of these two boxs: AND Check and of these two boxs: CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only and name (8a or 6b) Go. ORGANIZATIONS NAMEMIDICAP Financial Trust, as Agent 10-INDIVIDUAL'S SURNAME FIRST PERSONAL NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INSTITUL(S) Bethesda COULTERED CALLED TO THE Content of the box of these four boxes: ADD Collateral DELETE collateral RESTATE covered colletteral ASSIGN collateral COULTERED TERCONDERSONAL COLLETER Colletteral ASSIGN collateral COULTERED TERCONDERSONAL COLLETER COLLETER COLLETER COLLETER COLLETER COLLETER COLLETER COLLETER COLLETER COLL	SPRFiling@cscglobal.com		Secretary of	State		
CSC 801 Adial Stevenson Drive Springfield, it. 62703 Filed in: Nevada (S.O.S.) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE NUMBER 019015386-4 05/01/2019 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(o) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignment interest in	·	\Box	State of Neva	aua		
Filed in: Nevada (S.O.S.) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTIAL FINANCING STATEMENT FILE NUMBER 1b. This FINANCING STATEMENT AMERIDMENT is to be filed (for records) (or recorded) in the REAL ESTATE RECORDS TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party subnotizing this Termination Statement in Item 7 are 7 b, and address of Assignee in Item 7 and pand also indicate effected collisieral in Item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party subnotizing this Termination Statement is combined for the additional particle items 7 and 9 and also indicate effected collisieral in Item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is combined for the additional particle provided by applicable law PARTY INFORMATION CHANGE: This Change effects Debtor or Secured Party of record Change three boxes to: CHANGE name and the additional particle item DELETE name. One record ment of the secure party interest is provided in the Secure Party interest. Complete item DELETE name. One record ment of the secure party interest. Complete item DELETE name. One record ment of the secure party interest. Complete item DELETE name. One record ment of the secure party interest. Complete item DELETE name. One record ment of the Secure Party interest. Complete item DELETE name. One record ment of the Secure Party interest. Complete item DELETE name. One record ment of the Secure Party interest. Complete item DELETE name. On the secure party interest. Complete item DELETE name. On the secure party interest. Complete item DELETE name. On the secure party interest. Complete item DELETE name. On the secure party interest. Complete item DELETE name. On the name. On the secure party interest. Com	csc	1				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT FILE NUMBER This Private The Bed (for record)	Springfield # 62703	. 1				
Initial Financing Statement File NUMBER 1b. This Financing Statement all continued to the security interest(a) of Secured Party subsorting this Termination Statement TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(a) of Secured Party subsorting this Termination Statement Item 7 c and name of Assignment (complete items 7 and 9 and also indicate effected colleteral in item 8 Interest (a) of Secured Party subsorting this Termination Statement Item 7 c and name of Assignment (complete items 7 and 9 and also indicate effected colleteral in item 8 Interest (a) of Secured Party subsorting this Continuation Statement Item 9 Interest (a) of Secured Party subsorting this Continuation Statement Item 9 Interest (a) of Secured Party subsorting this Continuation Statement Item 9 Interest (a) of Secured Party subsorting this Continuation Statement Item 9 Interest (a) of Secured Party subsorting this Continuation Statement Item 9 Interest (a) of Secured Party subsorting this Continuation Statement is continued for the sedutional period provided by applicable law Interest (a) of Secured Party subsorting this Continuation Statement is continued for the sedutional period provided by applicable law Interest (a) of Secured Party subsorting this Continuation Statement is continued for the security interest(b) of Secured Party subsorting this Continuation Statement is continued for the security interest (b) of Secured Party subsorting this Continuation Statement is continued for the security interest (b) of Secured Party subsorting this Continuation Statement is continued for the security interest (c) of Secured Party subsorting this Continuation Statement is continued for the security interest (c) of Secured Party subsorting this Continuation Statement is continued for the security interest (c) of Secured Party subsorting this Continuation Statement is continued for the security interest (c) of Secured Party su	(s.o.s.)	J	AROVE SPACE IS I	FOR EILING	OFFICE USE	ONI A
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement Assignment (full or partial): Provide name of Assignee in item 7s or 7s, and address of Assignee in item 7c and name of Assignment, complete items 7 and 9 and also indicate effected collateral in item 8 For partial assignment, complete items 7 and 9 and also indicate effected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional partial p	. INITIAL FINANCING STATEMENT FILE NUMBER 019015386-4 05/01/2019	1b. This FINAN	CING STATEMENT A	MENDMENT	is to be filed (for	
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, gad address of Assignee in Item 7c and name of Assignor in Item 9 For partial assignment, complete items 7 and 9 and size indicate affected collateral in Item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party sulhorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check pag of these three boxes to: Check pag of these two boxes: CHANGE name and/or address: Complete This Change affects Debtor g Secured Party of record Statement and or 6b; gard item 7a or 7b and item 7a or 7b, gard item 7a or 7b, gard item 7a or 7b, gard item 7a, gard item 7a	TERMINATION: Effectiveness of the Financing Statement Identified above is terminate	Files attach a ad with respect to the s	vmendment Addendum (ecurity interest(s) of t	Form UCC3Ad Secured Party	and provide Debi suthorizing this	or's name in item 13 Termination
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional participation by applicable law PARTY INFORMATION CHANGE: Check ggg of these three boxes to: Check ggg of the boxes ggg of these three boxes to: Check ggg of the boxes ggg of the boxes to: Check ggg	ASSIGNMENT (full or partial): Provide name of Assignee in item 7s or 7b, and address	s of Assignee in item 7	c <u>and</u> name of Assign	nor in Item 9		
PARTY INFORMATION CHANGE: Check gas of these two boxes: AND Check gas of these three boxes to: CHANGE name and/or address: Complete Item 6a or 6b; and item 7a or 7b and item 7c CHANGE name and/or address: Complete Item 6a or 6b; and item 7a or 7b and item 7c CHANGE name and/or address: Complete Item 6a or 6b; and item 7a or 7b and item 7c CHANGE name and/or address: Complete Item 6a or 6b; and item 7a or 7b and item 7c CHANGE name and/or address: Complete Item 6a or 6b; and item 7a or 7b and item 7c CHANGE name and/or address: Complete Item 6a or 6b CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only gas name (6a or 6b) 6a. ORGANIZATION'S NAME MID CAP Financial Trust, as Agent 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX To. INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS 7255 WOOdmont Avenue, Suite 200* CITY Bethesda DELETE collisteral RESTATE covered collateral ASSIGN collisteral ASSIGN collisteral ASSIGN collisteral RESTATE covered collisteral ASSIGN collisteral	CONTINUATION: Effectiveness of the Financing Statement identified above with response	om 6			n this Coolingali	na Statement is
Check gag of these two boxes: AND Check gag of these three boxes to: Change affects Debtor gr Secured Party of record Elem or Change affects Debtor gr Secured Party of record Elem or 7c and item 7c or 7c and	Continued for the additional period provided by applicable law	and the second since		y =amortain	ana community	granditælit (\$
CURRENT RECORD INFORMATION: Complete for Perty Information Change - provide only give name (56 or 6b) 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only give name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtar's name) 7c. ORGANIZATION'S NAMEMICCAP Funding IV Trust, as Agent INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS 7255 Woodmont Avenue, Suite 200* Bethesda COLLATERAL CHANGE: Alag check ging of these four boxes: ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COLLATERAL CHANGE: Alag check ging of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral ASSIGN collateral	Check one of these two boxes: AND Check one of these thre-	a ha a h				
Se. ORGANIZATION'S NAMEMIDICAP Financial Trust, as Agent Seb. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one came (7s or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7-8. ORGANIZATION'S NAMEMIDICAP Funding IV Trust, as Agent 7-9. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 7255 WOOdmont Avenue, Suite 200* Bethesda COLLATERAL CHANGE: Also check goo of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral ASSIGN collateral ASSIGN collateral ASSIGN collateral ASSIGN collateral			400			
FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7s or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME MIDCap Funding IV Trust, as Agent 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) MAILING ADDRESS 7255 Woodmont Avenue, Suite 200* CITY Bethesda COLLATERAL CHANGE: Alag check gog of these four boxes: ASSIGN collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	This Change affects Debtor or Secured Party of record CHANGE name and them 5a or 6b; and the	or address: Complete on 7s or 7b and item 7c	ADD name: Com 7a or 7b, and item	plete item	DELETE name: to be deleted in	Give record name tem 6a or 6b
INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) MAILING ADDRESS 7255 Woodmont Avenue, Suite 200* Bethesda COLLATERAL CHANGE: Also check gog of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	This Change affects Debtor or Secured Party of record CHANGE name and term 6a or 6b; and its CURRENT RECORD INFORMATION: Complete for Party Information Change - provide or	or address: Complete on 7s or 7b and item 7c	ADD name: Com 7s or 7b, and ken	plete item	DELETE name: to be deleted in	Give record name item 6a or 6b
TO. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYNNITIAL(S) MAILING ADDRESS 7255 Woodmont Avenue, Suite 200* CITY Bethesda MD 20814 USA COLLATERAL CHANGE: Also check gog of these four boxes: ADD collisteral DELETE collisional RESTATE covered collisional ASSIGN collisional	This Change affects Debtor or Secured Party of record Item 6a or 6b; and ite CURRENT RECORD INFORMATION: Complete for Party Information Change - provide or 6a. ORGANIZATION'S NAMEMIdCap Financial Trust, as Agent	for address: Complete am 7e or 7b <u>and</u> item 7c nly <u>one</u> name (5e or 6b)		76	to be deleted in	tem 6a or 6b
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S) MAILING ADDRESS 7255 Woodmont Avenue, Suite 200* CITY Bethesda COLLATERAL CHANGE: Also check gog of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	This Change affects Debtor or Secured Party of record Item 6a or 6b; and ite CURRENT RECORD INFORMATION: Complete for Party Information Change - provide or 6a. ORGANIZATION'S NAMEMICAP FINANCIAI Trust, as Agent 6b. INDIVIDUAL'S SURNAME FIRST PERS CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provided in the complete for Assignment or Party Information Change - provided in the complete for Assignment or Party Information Change - provided in the complete for Assignment or Party Information Change - provided in the complete for Assignment or Party Information Change - provided in the complete for Assignment or Party Information Change - provided in the complete for Assignment or Party Information Change - provided in the complete for Party Information Change - provid	for address: Complete am 7a or 7b <u>and</u> item 7c nily <u>one</u> name (5a or 6b)	ADDIT	30NAL NAME	To be deleted in	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) MAILING ADDRESS 7255 Woodmont Avenue, Suite 200* CITY Bethesda STATE POSTAL CODE COUNTRY USA COLLATERAL CHANGE: Also check gog of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	This Change affects Debtor or Secured Party of record Item 6a or 6b; and its CURRENT RECORD INFORMATION: Complete for Party Information Change - provide or 6a. ORGANIZATION'S NAMEMICCAP FINANCIAI Trust, as Agent 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provided or ORGANIZATION'S NAMEMICCAP FUNDING IV Trust, as Agent	for address: Complete am 7a or 7b <u>and</u> item 7c nily <u>one</u> name (5a or 6b)	ADDIT	30NAL NAME	To be deleted in	SUFFIX
MAILING ADDRESS 7255 Woodmont Avenue, Suite 200* CITY Bethesda STATE POSTAL CODE MD 20814 USA COLLATERAL CHANGE: Also check gog of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	This Change affects Debtor or Secured Party of record Item 6a or 6b; and its CURRENT RECORD INFORMATION: Complete for Party Information Change - provide or 6a. ORGANIZATION'S NAMEMICCAP FINANCIAI Trust, as Agent 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provided or ORGANIZATION'S NAMEMICCAP FUNDING IV Trust, as Agent	for address: Complete am 7a or 7b <u>and</u> item 7c nily <u>one</u> name (5a or 6b)	ADDIT	30NAL NAME	to be deleted in	SUFFIX
Betnesda MD 20814 USA COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	This Change affects Debtor or Secured Party of record Item 6a or 6b; and item 6a or 6b; a	for address: Complete am 7a or 7b <u>and</u> item 7c nily <u>one</u> name (5a or 6b)	ADDIT	30NAL NAME	to be deleted in	SUFFIX
Betnesda MD 20814 USA COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	This Change affects Debtor or Secured Party of record Item 6a or 6b; and its CURRENT RECORD INFORMATION: Complete for Party Information Change - provide of 6a. ORGANIZATION'S NAMEMID FINANCIAL Trust, as Agent 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide of ORGANIZATION'S NAMEMID FUNDING IV Trust, as Agent 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	for address: Complete am 7a or 7b <u>and</u> item 7c nily <u>one</u> name (5a or 6b)	ADDIT	30NAL NAME	to be deleted in	SUFFIX fine Debtar's name)
	This Change affects Debtor or Secured Party of record CHANGE name and litem 6e or 6b; and its CURRENT RECORD INFORMATION: Complete for Party Information Change - provide of 6e. ORGANIZATION'S NAMEMIDCAP FINANCIAI Trust, as Agent 6b. INDIVIDUAL'S SURNAME FIRST PERS CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide of ORGANIZATION'S NAMEMIDCAP FUNDING IV Trust, as Agent 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) MAILING ADDRESS 7255 Woodmont Avenue. Suite 200° CITY	for address: Complete am 7a or 7b and item 7c no 7b and item 7c nily <u>one</u> name (6a or 6b) SONAL NAME	ADDIT	30NAL NAME	(S)/INITIAL(S)	SUFFIX The Debtar's name) SUFFIX
	This Change affects Debtor or Secured Party of record CHANGE name and item 6a or 6b; and ite 6a. ORGANIZATION'S NAMEMICCAP Financial Trust, as Agent 6a. ORGANIZATION'S NAMEMICCAP Financial Trust, as Agent 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide or Change ORGANIZATION'S NAMEMICCAP Funding IV Trust, as Agent 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) MAILING ADDRESS 7255 Woodmont Avenue, Suite 200° Betheso	for address: Complete am 7s or 7b and item 7c no 7b and item 7c nily ans name (6s or 6b) SONAL NAME Inde only and name (7s or 7b)	ADDIT (usa exact, full name; do no STATE MD	ONAL NAME Tomit, modify, or POSTAL (20814	(S)/INITIAL(S)	SUFFIX SUFFIX SUFFIX COUNTRY USA
	This Change affects Debtor or Secured Party of record Item 6a or 6b; and its CURRENT RECORD INFORMATION: Complete for Party Information Change - provide or 6a. ORGANIZATION'S NAMEMID FINANCIAL Trust, as Agent R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide or ORGANIZATION'S NAMEMID FUNDING IV Trust, as Agent 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) MAILING ADDRESS 7255 WOODMONT AVENUE. Suite 200° CITY	for address: Complete am 7a or 7b and item 7c no 7b and item 7c nily <u>one</u> name (6a or 6b) SONAL NAME	ADDIT (use exact, full name; do no	30NAL NAME	(S)/INITIAL(S) abbrevate any part of	SUFFI
	This Change affects Debtor or Secured Party of record Item 6a or 6b; and its CURRENT RECORD INFORMATION: Complete for Party Information Change - provide or 6a. ORGANIZATION'S NAMEMID CAP FINANCIAI Trust, as Agent 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide or ORGANIZATION'S NAMEMID CAP Funding IV Trust, as Agent 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) MAILING ADDRESS 7255 WOODMONT Avenue, Suite 200* CITY Betheso COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	for address: Complete am 7s or 7b and item 7c no 7b and item 7c nily ans name (6s or 6b) SONAL NAME Inde only and name (7s or 7b)	ADDIT (usa exact, full name; do no STATE MD	ONAL NAME Tomit, modify, or POSTAL (20814	(S)/INITIAL(S)	SUFFIX SUFFIX SUFFIX COUNTRY USA
	This Change affects Debtor or Secured Party of record CHANGE name and CURRENT RECORD INFORMATION: Complete for Party Information Change - provide of Se. ORGANIZATION'S NAME MIDCAP FINANCIAI Trust, as Agent 6b. INDIVIDUAL'S SURNAME FIRST PERS CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide of Trust, as Agent 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) MAILING ADDRESS 7255 WOODMONT AVENUE, Suite 200* CITY Betheso COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	for address: Complete am 7s or 7b and item 7c no 7b and item 7c nily ans name (6s or 6b) SONAL NAME Inde only and name (7s or 7b)	ADDIT (usa exact, full name; do no STATE MD	ONAL NAME Tomit, modify, or POSTAL (20814	(S)/INITIAL(S)	SUFFIX SUFFIX SUFFIX COUNTRY USA
	This Change affects Debtor or Secured Party of record CHANGE name and them 6e or 6b; and its CURRENT RECORD INFORMATION: Complete for Party Information Change - provide on 6e. ORGANIZATION'S NAME MIDCAP FINANCIAI Trust, as Agent 6e. ORGANIZATION'S NAME MIDCAP FINANCIAI Trust, as Agent 6b. INDIVIDUAL'S SURNAME FIRST PERS CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide on ORGANIZATION'S NAME MIDCAP Funding IV Trust, as Agent 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) MAILING ADDRESS 7255 WOODMONT Avenue, Suite 200* CITY Betheso COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:	/or address: Complete am 7s or 7b and item 7c or 7b and item 7c or 7b and item 7c only one name (6s or 6b) SONAL NAME Add only one name (7s or 7b) DELETE collate	ADDIT	ONAL NAME Omit, modify, or POSTAL (20814	(S)/INITIAL(S) abbreviate any part of	SUFFIX SUFFIX SUFFIX COUNTRY USA
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9e or 9b) (name of Assignor, if this is an Assignment) if this is an Assignment authorized by a DEBTOR, check here and provide name of authorizing Debtor	This Change affects Debtor & Secured Party of record CHANGE name and item 6e or 6b; and ite 6e. ORGANIZATION'S NAMEMID CAP FINANCIAI Trust, as Agent 6e. ORGANIZATION'S NAMEMID CAP FINANCIAI Trust, as Agent 6e. ORGANIZATION'S NAMEMID CAP FINANCIAI Trust, as Agent 6e. INDIVIDUAL'S SURNAME FIRST PERS CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide on Organization's NAMEMID CAP Funding IV Trust, as Agent 7e. ORGANIZATION'S NAMEMID FUNDING IV Trust, as Agent INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 7255 WOODMONT Avenue, Suite 200° CITY Betheso Indicate collateral: COLLATERAL CHANGE: Also check 200 of these four boxes: ADD collateral Indicate collateral:	for address: Complete am 7s or 7b and item 7c or 7b and item 7c or 7b and item 7c only one name (6s or 6b) SONAL NAME Add only one name (7s or 7b) DELETE collete	ADDIT	ONAL NAME Omit, modify, or POSTAL (20814	(S)/INITIAL(S) abbreviate any part of	SUFFIX SUFFIX SUFFIX COUNTRY USA
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9e or 9b) (name of Assignor, if this is an Assignment) of this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9e. ORGANIZATION'S NAMEMIdCap Financial Trust, as Agent	This Change affects Debtor or Secured Party of record CHANGE name and litem 6a or 6b; and its CURRENT RECORD INFORMATION: Complete for Party Information Change - provide on 6a. ORGANIZATION'S NAMEMIDCAP FINANCIAI Trust, as Agent 6a. ORGANIZATION'S NAMEMIDCAP FINANCIAI Trust, as Agent 6b. INDIVIDUAL'S SURNAME FIRST PERS CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide on Organization's NAMEMIDCAP Funding IV Trust, as Agent 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 7255 WOODMONT Avenue, Suite 200° CITY Betheso COLLATERAL CHANGE: Also check gog of these four boxes: ADD collateral Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT. If this is an Amendment authonzed by a DEBTOR, check here and provide name of authors of suthors and provide name of authors of suthors.	for address: Complete am 7s or 7b and item 7c or 7b and item 7c or 7b and item 7c only one name (6s or 6b) SONAL NAME Add only one name (7s or 7b) DELETE collete	ADDIT	ONAL NAME Omit, modify, or POSTAL (20814	(S)/INITIAL(S) abbreviate any part of	SUFFIX SUFFIX SUFFIX COUNTRY USA
1 this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAMEMIdCap Financial Trust, as Agent	This Change affects Debtor or Secured Party of record Ethan Ear and its and it	for address: Complete am 7a or 7b and item 7c no 7b and item 7c nily gne name (6a or 6b) SONAL NAME Add only gne name (7a or 7b) DELETE collate Provide only gne name (7a or 7b)	STATE MD Tal RESTATE	ONAL NAME Tomit, modify, or POSTAL (20814 covered coll	(S)/INITIAL(S) abbrevate any part of	SUFFIX SUFFIX SUFFIX COUNTRY USA ASSIGN collateral

2	INITIAL FINANCING STATEMENT FILE NUMBER: Se 019015386-4 05/01/2019	me as item 1a on Amendment form	
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT	Same as item 9 on Amendment form	
	12a ORGANIZATION'S NAME MidCap Financial Trust, as Agent		
DR	12b. INDIVIDUAL'S SURNAME		
	FIRST PERSONAL NAME	<u> </u>	
	_		**
	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	715 100/5 20105 10 200 20105 20105
3.	Name of DEBTOR on related financing statement (Nam	ne of a current Debtor of record required for indexing or	THE ABOVE SPACE IS FOR FILING OFFICE USE ONL urposes only in some filing offices - see Instruction item 13): Provi
i	one Debtor name (13a or 13b) (use exact, full name; do not on 13a ORGANIZATION'S NAME	nit, modify, or abbreviate any part of the Debtor's name); see instructions if name does not fit
R	42 NONEDA A CONTRACTOR		
	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
4	ADDITIONAL SPACE FOR ITEM 8 (Collateral)		
[his FINANCING STATEMENT AMENDMENT. covers tamber to be cut covers as-extracted collater	17. Description of a	real estate:
6. P		al Is filed as a fixture filing	real estate:
6. h	covers tember to be cut covers as extracted collater	al Is filed as a fixture filing	real estate;